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LUNACY AND MENTAL TREATMENT  
ACTS

Annual Report of the  
Board of Control  
to the  
Lord Chancellor

For the Year 1951

*Presented pursuant to Act of Parliament*

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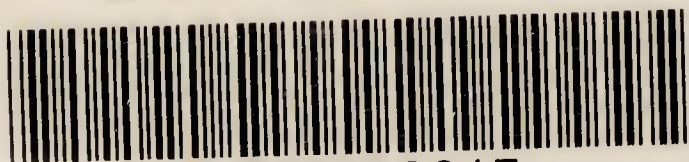
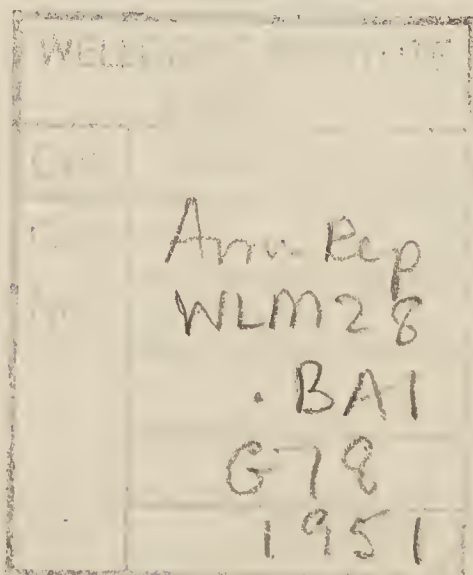
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# THE THIRTY-EIGHTH ANNUAL REPORT OF THE BOARD OF CONTROL FOR THE YEAR 1951

To the Right Honourable the LORD HIGH CHANCELLOR

My Lord,

In pursuance of section 162 of the Lunacy Act, 1890, we beg to submit the following report:—

## *Accommodation*

At the end of 1951 there were 146,828 patients under care under the provisions of the Lunacy and Mental Treatment Acts, 1890 to 1930. There were also 128 Broadmoor patients in mental hospitals and 897 in Broadmoor Institution, and 218 patients in Naval and Military Hospitals. The total number of patients notified to us as under treatment for mental illness was, therefore, 148,071.

The number of patients in mental hospitals, excluding those which were formerly public assistance institutions, increased during the year by 436 to 135,626 (including 86 patients outside the provisions of the Acts). Accommodation provided in terms of bedspace was for 123,906 patients. This is a theoretical reduction of 2,290 beds, mainly due to a re-assessment of the bed-space on the basis of the authorised standards which was carried out by Regional Hospital Boards during the year at the request of the Minister of Health, as the figures of bed-space previously furnished were felt to be unreliable; and to the exclusion from the accommodation (and also from the diverted accommodation mentioned below) of the bed-space at one section of a mental hospital which has been used as a general hospital for a number of years and is no longer regarded as part of the mental hospital.

As in previous years, not all the accommodation is in use. At the end of 1951 statistics for mental hospitals, excluding former public assistance institutions, indicated that 1,071 beds were still diverted to other services; 1,748 beds could not be used owing to shortage of nurses; and bed-space for 1,585 patients was unoccupied pending restoration and reconditioning. There was thus an actual deficiency of accommodation amounting to 16,124 beds.

## *Nurses*

Shortage of nursing staff in mental hospitals still persists, with consequent empty beds, overcrowding of wards and long hours of duty. It is true that the number of trained nurses, both male and female, has shown some increase. This, however, is offset by the decline in the number of student nurses, a situation which suggests that some time may still elapse before real improvement can be expected. The employment of nursing assistants and part-time staff has afforded some relief on the female side, but this is no more than a palliative. At the end of 1951 the ratio of male nursing staff to patients was 1 to 5·5 and of female nursing staff to patients 1 to 7·1. The remedy is not yet in sight but the problem is one which is constantly before all concerned.

## *Certified Patients*

The continued fall in the proportion of patients who are admitted under order is generally satisfactory and it is expected that this steady trend will be continued. There is, however, a great diversity of practice in different parts



of the country. While a few hospitals receive over ninety per cent. of the patients under the Mental Treatment Act, 1930, as voluntary patients others show figures which indicate that almost fifty per cent. of direct admissions are still placed under certificate. Much of this difference is accounted for by local factors which can change only gradually, but we have no doubt that in some areas the social importance of avoiding certification where this can properly be avoided is not fully realised. If the patients make contact with the psychiatrist before hospital treatment is undertaken he is able to persuade many to come in as voluntary patients rather than to await the moment when certification is the only course to secure that care and treatment is provided. The legal classification is important to the family and also to the doctor. The family does not like the stigma of certification and the doctor finds it much easier to treat a voluntary patient who is co-operative rather than a certified one who may not be willing to accept even nursing care. The establishment of new out-patient centres which are for the most part staffed by doctors who work also with in-patients has made the most important contribution to the solution of the problem of early treatment. Whereas in 1939 the number of out-patient centres was a little over 200 the latest figures show that it has almost doubled and the doctor sessions have increased in even greater proportion. Where there are active out-patient departments the proportion of voluntary admissions tends to be high.

### *Health of Patients*

The general standard of physical health among patients in mental hospitals is not good in comparison with that of the general population. The high proportion of old people, the lack of attention to ordinary health measures by many patients, together with the almost complete cessation of general physical activity in certain forms of schizophrenia contribute to an incidence of certain diseases which cannot fairly be compared with any other figures obtained from the usual sources. The incidence of tuberculosis has fallen a little but it remains high at 6·4 per thousand patients resident. Radiography continues to be widely used as a means of picking out chance cases as a general aid to diagnosis. It is clearly of great use in mental hospitals where detection of early cases presents a peculiarly difficult problem. The death rate from tuberculosis continues to fall steadily. In 1947 the ratio was 5·5 per thousand; in 1951 it has fallen to 2·4 per thousand patients resident.

There has been some increase in the number of patients suffering from dysentery. The case mortality for 1951 was 1·7 per cent. compared with 1·2 per cent. in the previous year, the death rate per patient resident was one in ten thousand.

There were 12,446 deaths from all causes—the death rate per cent. of the average number resident being 8·7. This compares with a rate of 7·8 per cent. in 1950.

### *Registered Hospitals, Licensed Houses and Nursing Homes*

The four hospitals registered for the reception of persons suffering from mental illness were visited during 1951 and were found to be in their usual good order. The Oxford Regional Hospital Board, the Leeds Regional Hospital Board and the Manchester Regional Hospital Board have made arrangements for the admission of a number of health service patients into St. Andrew's Hospital, The Retreat, York, and Cheadle Royal respectively.

In the course of the year The Grove, Catton, Norwich, licensed to receive 21 patients, and Peckham House, S.E.15, licensed to receive 360 patients, were closed, leaving twelve houses licensed by the Minister of Health and sixteen licensed by provincial justices. Conditions in these houses were found to be generally satisfactory at the visits of Commissioners.

At the end of the year there were eleven nursing homes approved by the Minister of Health. These were visited as necessary and were found to be properly conducted.

### *Single Patients*

A feature of the years since the first World War has been the marked fall in the number of patients in private single care. In 1890 the number of single patients was 446. This number slowly rose to 659 in 1913, since when there has been a steady decline. In 1940 it was 252 and at the end of 1951 it was only 69. The reasons may be that it is usually an expensive form of care, while in addition the facilities in institutions for active treatment, affording enhanced opportunities of recovery, are not normally available in private homes. All single patients under care were visited at least once during 1951 and were generally found to be living under satisfactory conditions. The majority of them are of the chronic type, unlikely to respond to treatment.

### *Broadmoor Institution*

This Institution was regularly visited during the year. The shortage of nursing staff still persists and financial restrictions have again caused the postponement of much needed improvements. In spite of these handicaps, however, it continues to be ably administered and to reflect credit on the medical, nursing and other staff.

### *Board of Control*

In December, 1951, Dr. C. M. T. Hastings, formerly Resident Licensee and Medical Officer of Camberwell House, was appointed a Commissioner.

By Order of the Board,

(Signed) P. BARTER,

*Chairman.*

(Signed) H. C. BLEAKLEY,

*Secretary.*

Ministry of Health Building,  
Savile Row,  
London, W.1.

*June, 1952.*



## APPENDIX

### DISTRIBUTION OF PATIENTS

The distribution of all patients at the end of the year 1951 may be seen by reference to Tables I and II, but it may be pointed out that 97·6 per cent. of them were resident in hospitals vested in the Minister of Health.

#### *Movement of Patients*

*Admissions, Discharges, Transfers to other Care and Deaths in 1951.* The following statement includes patients of each status (voluntary, temporary and certified):—

Resident on 1st January	...	...	...	...	...	...	147,546
Direct admissions	...	...	...	...	...	...	63,953
Indirect admissions (excluding re-gradings)	...	...	...	...	...	...	2,181
							<hr/> 213,680 <hr/>
Discharged and Departed:—							
Recovered	...	...	...	...	...	...	15,860
Relieved...	...	...	...	...	...	...	26,870
Not improved	...	...	...	...	...	...	6,705
By operation of law*	...	...	...	...	...	...	723
“ Not now insane ”	...	...	...	...	...	...	9
Transferred (under Order) to other care	...	...	...	...	...	...	2,434
Died	...	...	...	...	...	...	13,008
Remained at end of year	...	...	...	...	...	...	148,071
							<hr/> 213,680 <hr/>

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\* By reason of irregular admission documents, the lapsing of reception orders (Section 38, Lunacy Act, 1890, and Section 7, Lunacy Act, 1891) or discharge after absconding (Section 85, Lunacy Act, 1890).

TABLE I

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 31ST DECEMBER, 1951

Arranged according to Class

Where maintained	Private			Health Service			Broadmoor Patients			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Hospitals vested in the Minister of Health:—												
(i) Mental Hospitals ...	720	1,274	1,994	59,933	81,141	141,074	108	20	128	60,761	82,435	143,196
(ii) Teaching Hospitals ...	—	—	—	178	214	392	—	—	—	178	214	392
(iii) Broadmoor Institution ...	—	—	—	1	—	1	704	193	897	705	193	898
In Premises not vested in the Minister of Health but deemed to be Mental Hospitals ...	—	—	—	58	31	89	—	—	—	58	31	89
In Registered Hospitals ...	438	793	1,231	—	—	—	—	—	—	438	793	1,231
In Licensed Houses:—												
Metropolitan ...	178	357	535	—	—	—	—	—	—	178	357	535
Provincial ...	260	914	1,174	168	—	168	—	—	—	428	914	1,342
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—												
Hospitals ...	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ...	6	95	101	—	—	—	—	—	—	6	95	101
In Naval and Military Hospitals ...	218	—	218	—	—	—	—	—	—	218	—	218
In Private Single-Care ...	13	56	69	—	—	—	—	—	—	13	56	69
Total ...	1,833	3,489	5,322	60,338	81,386	141,724	812	213	1,025	62,983	85,088	148,071
Increase during 1951 { Private ... Health Service ... Broadmoor Patients ...	Males	Females	Total	Average Annual Increase in the five years 1947–1951 inclusive. { Private Health Service/Rate Aided Broadmoor Patients								
	1*	89*	90*	...								
	227*	846	619	...								
	3	7*	4*	...								
Total ...	225*	750	525	Total ...								

\* Decrease.

TABLE II

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 31ST DECEMBER, 1951

Classified according to Status

Where maintained	Voluntary			Temporary			Certified			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Hospitals vested in the Minister of Health:—												
(i) Mental Hospitals ...	12,218	15,226	27,444	127	203	330	48,416	67,006	115,422	60,761	82,435	143,196
(ii) Teaching Hospitals ...	178	214	392	—	—	—	—	—	—	178	214	392
(iii) Broadmoor Institution ...	—	—	—	—	—	—	705	193	898	705	193	898
In premises not vested in the Minister of Health but deemed to be Mental Hospitals ...	—	—	—	—	—	—	58	31	89	58	31	89
In Registered Hospitals ...	187	337	524	4	4	8	247	452	699	438	793	1,231
In Licensed Houses:—												
Metropolitan ...	71	147	218	2	5	7	105	205	310	178	357	535
Provincial ...	95	363	458	1	2	3	332	549	881	428	914	1,342
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—												
Hospitals ...	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ...	6	95	101	—	—	—	—	—	—	6	95	101
In Naval and Military Hospitals ...	4	—	4	—	—	—	214	—	214	218	—	218
In Private Single-Care ...	2	4	6	—	—	—	11	52	63	13	56	69
Total ...	12,761	16,386	29,147	134	214	348	50,088	68,488	118,576	62,983	85,088	148,071
Of Total { Private Health Service ...	672	1,498	2,170	11	20	31	1,150	1,971	3,121	1,833	3,489	5,322
{ Broadmoor Patients ...	12,089	14,888	26,977	123	194	317	48,126	66,304	114,430	60,338	81,386	141,724
	—	—	—	—	—	—	812	213	1,025	812	213	1,025